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Applicant(s): Howard W. DeMoore, et al.

Group Art Unit: 2854

Serial No.:

10/083,785

Filed:

Examiner: Marvin P. Crenshaw

February 25, 2002

For:

Inexpensive, Wash-Free Cover for

Printing Press Transfer Cylinder

Confirmation No.: 5468

CERTIFICATE OF TRANSMISSION

Mail Stop: RCE

Commissioner For Patents

PO Box 1450

Alexandria VA 22313-1450

Pursuant to 37 C.F.R. §1.8, I hereby certify that this correspondence is being facsimile transmitted to the U.S.

Edith S. Shek

AMENDMENTS AND RESPONSE TO FINAL OFFICE ACTION OF JUNE 16, 2005

Sir:

In response to the Final Office Action dated June 16, 2005, Applicants respectfully request entry of the following amendments and the corresponding Request for Continued Examination.

Amendments to the Claims are reflected in a Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

SEP 15 2005

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P.18

PTO/SB/17 (12-84)

Approved for use through 07/31/2008, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Hinder the Paperwork Reduction As of 1995, on namenos are required by resonned to a collection of information unless is displays a solid OMR control immittee.

FEE TRANSMITTAL For FY 2005					Complete if Known				
					Application Num	Application Number 10/083,785			
					Filing Date	Fe	February 25, 2002		
					First Named Inve	entor Ho	Howard W. DeMoore		
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name	Ma	Marvin P. Crenshaw		
					Art Unit	28	54		
TOTAL AMOUNT OF PAYMENT (\$) 395.00					Attorney Docket	No. 40	40-02800		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
✓ Deposit Account Deposit Account Number: 50-1515 Deposit Account Name: Confey Rose, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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U. Junder 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
Application	Type F		tall Entity Fee (3)	Eee (S	Small Entity Ees (3)	Fee (\$)	mall Entity Fee (5)	Foes Pa	de rits
Utility		300	150	500	250	200	100		
Design		200	100	100	50	130	65		
Plant	2		100	300	150	160	.80 -		
Reissue	3	300	150	500	250	600	300 -		
Provisional	2	200	100	0	0	0	0 .		
2. EXCESS CLAIM FEES Small Entity									
Fee Description									Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent									25 _.
									180
Total Cialme	IP=56 Extr		Fee (\$)	Fee	Peid (\$)		spendent Claims		
	0 or HP =		x <u>25,00</u> :	=	0.00	Fee (\$)	Fee Paid	<u>\$)</u>	
Indep, Cisima i	-IP=13 Extr	a Claims	Fee (5) 100.00	Fee	Paid (\$)				,
			**	#	0.00				
HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Foe (\$) Fee Paid (\$) - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0.00									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) O (D)									
Other: Request for Continued Examination (RCE) (\$395)									
WEARTTED BY	A/(* 1)	A	D ==		Registration No. 39	0.000	Talashana	70, 70	4.0000
ignature	Mucke	2 12	- A-3	2_1	(Anomey/Agent)	4,500	Telephone (g	172) 73	1-2288

Name (Print/Type) Michael W. Piper This collection of intermetion is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the first information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. On NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 083785 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN **OR** SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER FILED NUMBER EXTRA FOR RATE RATE FEE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 OR BEST AVAILABLE COPY MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) (Column 3) SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1,16(c)) Minus 40 OR independent (37 CFR 1.16(b)) Minus 10 = X 5 OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Calumn 2) (Column 1) (Column 3) CLAIMS HIGHEST m PRESENT REMAINING RATE RATE NUMBER ADOI-ADDI-PREVIOUSLY **EXTRA** TIONAL TIONAL **AMENDMENT AMENDMENT** PAID FOR FEE Total (37 CFR 1.16(cj) Minus 30D OR X S Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) QR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENT PREVIOUSLY TIONAL **AFTER** TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.15(c)) Minus ENDMI OR X S Independent (37 CFR 1.16(b)) Minus OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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